

1.) CORPORATION NAME:

**Franconia Volunteer Fire Department, Incorporated**

DUE DATE: **6/3/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**DEBORAH R VOLKER  
6300 BEULAH ST  
ALEXANDRIA, VA**

SCC ID NO: **00418855**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 BEULAH ST  
PO BOX 30600

CITY/ST/ZIP: ALEXANDRIA, VA 22310

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DEBORAH R VOLKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9006 PARLIAMENT DRIVE		
CITY/ST/ZIP/CO:	BURKE, VA 22015		
NAME:	SEAN MCLAREN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7627 LUTON PLACE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		
NAME:	JOHN L SWANSON JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	9006 PARLIAMENT DRIVE		
CITY/ST/ZIP/CO:	BURKE, VA 22015		
NAME:	JASON E FARRAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8103 KANE COURT		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22308		
NAME:	TIMOTHY G FLEMING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHIEF		
ADDRESS:	6203 MARILYN DRIVE		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22310		
NAME:	GARY GAAL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	ASST. CHIEF		
ADDRESS:	5315 DUNSMORE RD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22315		

NAME: STEVE CHEN TITLE: DIRECTOR ADDRESS: 6011 CURTIER DR, UNIT D CITY/ST/ZIP/CO: ALEXANDRIA, VA 22310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Alexis Thompson TITLE: DIRECTOR ADDRESS: 6055A Essex House Square CITY/ST/ZIP/CO: Alexandria, VA 22310	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Neal Sweeney TITLE: DIRECTOR ADDRESS: 5300 Columbia Pike Apt 316 CITY/ST/ZIP/CO: Arlington, VA 22204	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ JOHN L SWANSON JR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JOHN L SWANSON JR, TREASURER PRINTED NAME AND CORPORATE TITLE	6/3/2014 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		